

Debtor

Ohio Valley University

EIN: 55-0419865

Name

United States Bankruptcy Court Northern District of West Virginia

Date case filed for chapter:

7

2/17/22

Case number: 5:22-bk-00056

**Official Form 309C (For Corporations or Partnerships)****Notice of Chapter 7 Bankruptcy Case — No Proof of Claim Deadline**

10/20

For the debtor listed above, a case has been filed under chapter 7 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtor or the debtor's property. For example, while the stay is in effect, creditors cannot sue, assert a deficiency, repossess property, or otherwise try to collect from the debtor. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees.

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at [www.pacer.gov](http://www.pacer.gov)).

**The staff of the bankruptcy clerk's office cannot give legal advice.**

**Do not file this notice with any proof of claim or other filing in the case.**

1. Debtor's full name	Ohio Valley University		
2. All other names used in the last 8 years			
3. Address	1 Campus View Drive Vienna, WV 26105		
4. Debtor's attorney	Martin P. Sheehan Sheehan & Associates, PLLC 1 Community Street Suite 200 Wheeling, WV 26003	Contact phone 304-232-1064	
5. Bankruptcy trustee	Thomas Fluharty 408 Lee Avenue Clarksburg, WV 26301	Contact phone (304) 624-7832	
6. Bankruptcy clerk's office	U.S. Bankruptcy Court Northern District Of West Virginia P.O. Box 70 – 12th and Chapline Streets Wheeling, WV 26003-0008	Hours open: Monday – Friday 8:30 AM – 5:00 PM	Contact phone 304-233-1655  Date: 2/18/22
7. Meeting of creditors	April 13, 2022 at 11:30 AM	Location:	
	The debtor's representative must attend the meeting to be questioned under oath. Creditors may attend, but are not required to do so.	The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket.	BY TELEPHONIC CONFERENCE, PLEASE CALL 866-675-0153, ENTER PASS CODE: 7747988
8. Proof of claim	No property appears to be available to pay creditors. Therefore, please do not file a proof of claim now.		
	Please do not file a proof of claim unless you receive a notice to do so.		
	If it later appears that assets are available to pay creditors, the clerk will send you another notice telling you that you may file a proof of claim and stating the deadline.		
9. Creditors with a foreign address	If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have any questions about your rights in this case.		

2878 Stewartstown Rd  
Morgantown, WV 26508  
304-444-5743

Date	Invoice #
5/17/2021	3072

Bill To
Ohio Valley University 1 Campus View Drive Vienna WV 26105

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
1	Annual Inspection	200.00	200.00T
1	Relief Valve Test	0.00	0.00T
	tax id number	0.00%	0.00
			<b>Total</b> \$200.00

PHONE: (304) 444-5743

**Leedy Elevator Inspection Service**

FAX:

Lifting and Lowering  
Devices Inspection Form  
FORM #501

Case No. 522-0K-00056 Doc 20 Filed 03/11/22 Entered 03/11/22 10:05:29 Page 3 of 5  
EV # 000 1789

2878 Stewartstown Road  
Morgantown, WV 26508

Company Name : Ohio Valley University		Contact Person : Dayton	
Mailing Address : 1 Campus View Drive		Telephone : 304-865-6090	
City : Vienna	State : WV	Zip : 26105	County : Wood
Maintenance Company Name : WVE			

*At the time of inspection the following conditions were observed.  
Repairs shall be made per West Virginia Code §21-3C*

**Device Information**

Serial No# : 11680

Location Name: Ohio Valley College/North Campus Main Building

Type : Elevator/Traction

Make: Westinghouse

Capacity : 2500 Landings: 4

Installed : 1963 Modified : 2001  01 Compliant  02 Repairs Ordered  03 Rejected

A.18.1 2014	A.17.1 2014	A.17.2	Licensed Mechanic Is Required To Make Repair ( / if applicable)	<u>All Non-Compliant Check Marks Are To Be Explained Below</u>		
Applicable Code Reference						

Additional Comments : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Rejected: \_\_\_\_\_

**PER WEST VIRGINIA CODE §42-21-6.3 YOU HAVE 20 DAYS TO APPEAL THIS REPORT**

SIGNATURE OF PERSON RECEIVING FORM:

*Sharon Hooper*

DATE

*5/17/21*

INSPECTOR'S SIGNATURE:

*[Signature]*

WV NUMBER:

*104*

DATE

*5/17/21*

104

## **Safety Tests Report**

**After completing this form on site, please forward it to the above listed address.**

*All tests are to be performed in accordance with the requirements of the ASME safety code for  
for Elevators, Dumbwaiters, Escalators, and Platform Lifts (A17.1,A17.2,A18.1 current adopted code.)*

Site Data	Site Name Ohio Valley College North Campus Main			5/17/21	Date of Test
	Site Street Address 1 Campus View Drive		Site County Wood	Site Telephone No. 304-865-6090	
	Site City Vienna		Zip Code 26105	Installer / Manufacturer Westinghouse	
General Data	Unit Class <input checked="" type="checkbox"/> Pass. <input type="checkbox"/> Freight. <input type="checkbox"/> Escalator <input type="checkbox"/> DW. <input type="checkbox"/> Other			Emergency Standby Power Tested <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
	Unit Serial Number 11680		Fireman Service Tested ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Rated Capacity 2500 Lbs.
	Type of Mechanism <input checked="" type="checkbox"/> Traction <input type="checkbox"/> BsmL Drum <input type="checkbox"/> Hyd. Roped <input type="checkbox"/> Ceiling Drum <input type="checkbox"/> Hyd. Plunger <input type="checkbox"/> Screw <input type="checkbox"/> Ovh. Drum <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Other _____		Type of Test <input type="checkbox"/> 5Yr. Full Load <input type="checkbox"/> Annual Gov. <input type="checkbox"/> Relief Valve <input type="checkbox"/> Oil Buffers <input type="checkbox"/> Replace Gov. <input type="checkbox"/> Ct Wgt Safeties <input checked="" type="checkbox"/> Car Safeties <input type="checkbox"/> Other _____		Type of Rails <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Wood
	Safety Tested With – N/A Lbs. Load		Safety Tested At – N/A F.P.M.		Car Run By Top Ft. Bottom
	Rated Speed 100 F.P.M.		125 % Rated Load Tested <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Gov. Seal Numbers N/A
Traction Unit	Actual Gov. Trip Speed Car 130 F.P.M. CWT N/A F.P.M.		Type of Governor <input checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Flyball <input type="checkbox"/> None		Gov. Jaw Pull Through Lbs. N/A
	Overspeed Switch Tripping Speed Car N/A F.P.M. CWT F.P.M.				Release Carrier Pullout N/A Lbs.
	Type Of Safety <input checked="" type="checkbox"/> Inst. Roll <input type="checkbox"/> Wedge Clamp <input type="checkbox"/> Flex Guide Clamp <input type="checkbox"/> Drum Operated <input type="checkbox"/> Broken Rope <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A		Remaining Turns On Drum <input checked="" type="checkbox"/> N/A		Gov. Data Plate Trip Speed 175 F.P.M.
					Slack Cable Switch <input type="checkbox"/> On Car <input checked="" type="checkbox"/> N/A <input type="checkbox"/> On Machine
			Type Car Buffer <input type="checkbox"/> Oil <input type="checkbox"/> Other <input checked="" type="checkbox"/> Spring <input type="checkbox"/> N/A	Type Cwt. Buffer <input type="checkbox"/> Oil <input type="checkbox"/> Other <input checked="" type="checkbox"/> Spring <input type="checkbox"/> N/A	Buffer Stroke CAR Inches CWT. Inches N/A
Hydro.	Empty Pressure Psi.	Working Pressure Psi.	Static Pressure Psi.	Relief Valve Opened At – Psi. Inches	
	15 Min. StandTest <input type="checkbox"/> Yes <input type="checkbox"/> No	Working Press. Posted? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Engaging The Stop Ring <input type="checkbox"/> Using Shutoff Valve	The Relief Valve Was Tested By – Using Shutoff Valve	
	Rated Speed F.P.M.	Was there any change in car position which cannot be accounted for by visible leakage or temperature change? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ESC.	Safety Devices Tested				
	<input type="checkbox"/> Step/Skirt Performance Index		<input type="checkbox"/> Stop Switch		<input type="checkbox"/> Reversal Stop Device
	<input type="checkbox"/> Broken Step / Chain Device		<input type="checkbox"/> Skirt Obstruct. Switch		<input type="checkbox"/> Step Up Thrust Device
	<input type="checkbox"/> Drive Chain / Tread. Device		<input type="checkbox"/> Step Level		<input type="checkbox"/> Comb/Step Impact
	<input type="checkbox"/> Governor (If provided )		<input type="checkbox"/> Handrail Safety/Speed Monitoring		<input type="checkbox"/> Other Devices
Torque of Brake Ft. Lbs.	Number of Exposed Steps	Number of Comb Plate Teeth Missing	Top Land	Bottom Land	

*I certify that the above test (s) have been performed in accordance with the ASME codes and all applicable seals and tags are in there proper place.*

Name of Elevator Company WV ELEVATOR

Mechanic's Name Scemy Spec

Mechanic's Signature J. H. G.

Please Print

Signature 

Medians & Lateral

**Signature of Witnessing Inspector**

WV# 164

Date 9/1/21

**FORM #100**

www.bobswhite.com

